



12744 San Fernando Road, Sylmar, California 91342
Phone (818) 833-2014 Fax (818) 833-2065

Fax Transmittal

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Attention: PTO Deposit Account – Refunds

Fax: (703) 308-6778

Company: US Patent and Trademark Office

Phone: (703) 305-4631

cc:

Pages: 3 (incl. cover)

From: Lisa Robbins

Date: March 31, 2005

RE: Deposit Account No. 50-0291

☐ Urgent

☒ For Review

☐ Please Comment

☒ Please Reply

☐ Please Recycle

If you have any questions or did not receive this transmission in its entirety, please call (818) 833-2014.

Dear Sir or Madam:

We are requesting a refund of \$250.00 which was incorrectly charged to our deposit account on March 11, 2005 under Fee Code 2202. A copy of the statement showing the charges is attached hereto. This application was originally filed with 101 total claims, which were paid for at the time of filing on November 19, 2003. On February 15, 2005 Applicant filed an Amendment with a total of 30 revised/new claims, along with a Fee Transmittal indicating same, a copy of which is attached hereto. Therefore, Applicant should not be charged \$250.00 for new claims, and we request that the \$250.00 be credited back to our deposit account.

Please contact me as soon as possible at the phone number listed above regarding this matter.

Best regards,

Lisa K. Robbins
Paralegal
Quallion LLC

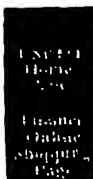
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Form: 91910087-001 Rev. B (03/01)



United States
Patent and
Trademark Office

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Deposit Account Statement

Requested Statement Month: March 2005
Deposit Account Number: 500921
Name: QUALLION LLC
Attention: LISA K. ROBBINS
Address: P.O. BOX 923127
City: SYLMAR
State: CA
Zip: 91392-3127
Country: UNITED STATES OF AMERICA

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
03/11	3	10718927	Q147-US2	2202	\$250.00	\$4,564.00
03/11	4	10718927	Q147-US2	2231	\$80.00	\$4,504.00

START BALANCE	SUM OF CHARGES	SUM OF REPLENISH	END BALANCE
\$4,814.00	\$310.00	\$0.00	\$4,504.00

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<https://ramps.uspto.gov/cram/Controller.jsessionid=ramps-10300-9dc3%3A424b099a%3A...> 3/30/2005

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FEE TRANSMITTAL

Attorney Docket No.	Q147-US2
First Named Inventor:	Hisashi Tsukamoto et al.
Application Number	10/718,927
Filing Date:	November 19, 2003
Examiner Name:	Edward H. Tso
Group/Art Unit:	2838

TOTAL AMOUNT OF PAYMENT:	\$ 000.00
METHOD OF PAYMENT (check One)	1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to: Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other - Credit Card


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$ 300.00	\$150.00	\$.00
Total Claims	30 - 70 =	0	X \$ 50.00	X \$ 25.00	\$.00
Independent Claims	4 - 7 =	0	X \$ 200.00	X \$ 100.00	\$.00
Multiple Dependent Claim(s) (if applicable)			\$ 360.00	\$180.00	\$.00
Total of above Calculations =					\$.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 200.00	\$ 100.00	\$ 000.00
Reissue filing fee	\$ 300.00	\$ 150.00	\$ 0.00
Provisional filing fee	\$ 200.00	\$ 100.00	\$ 00.00
Total of above Calculations =			\$ 001.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	2/15/2005